

Name
in
Full

John Brown - L.P. Brown

3
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		9	18				
Sex		Color or Race		Cause		Birth-place	
Boy		Caucasian		Cause -		Hullville	
Occupation				Where Residing if not at place of death			
L							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
L.P. Brown				Cecil			
Mother's Maiden Name				Mother's Birthplace			
Victoria Marshall				Cecil			
Name of person giving information				How related to deceased			
L.P. Brown				Father			

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	Myocardium	How long	2
Immediate	John Brown	How long	2
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J.P. Brown	
		Address	
		Hullville, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Calvert</i>		County <i>Buck</i>		MARYLAND	
Date of death		1908	Month <i>May</i>	Day <i>10</i>	Age <i>7</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co Md</i>
Occupation	<i>Iron</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Lloyd Buck</i>					Father's Birthplace	<i>Calvert Co Md</i>
Mother's Maiden Name	<i>Susie Buck</i>					Mother's Birthplace	<i>Calvert Co Md</i>
Name of person giving information	<i>Lloyd Buck</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G F Chambers</i>
		Address	<i>Sub registered B of H Lynch Calvert Co Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oliver</i>		County <i>Calvert</i>		MARYLAND		
Date of death		1908	Month <i>May</i>	Day <i>28</i>	Age	Years	Months	Days
Sex		<i>male</i>		Color or Race <i>white</i>		Birth place <i>Calvert Co Md</i>		
Occupation		<i>Woman</i>		Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single <i>Single</i>		Name of Wife or Husband						
Father's Name		<i>Jaynes Dodson</i>				Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name		<i>Sarah Luby</i>				Mother's Birthplace <i>Calvert Co Md</i>		
Name of person giving information		<i>Ellen Luby</i>				How related to deceased <i>Grand mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Geo J Chambers</i>	
Address		<i>Luby Calvert Co Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

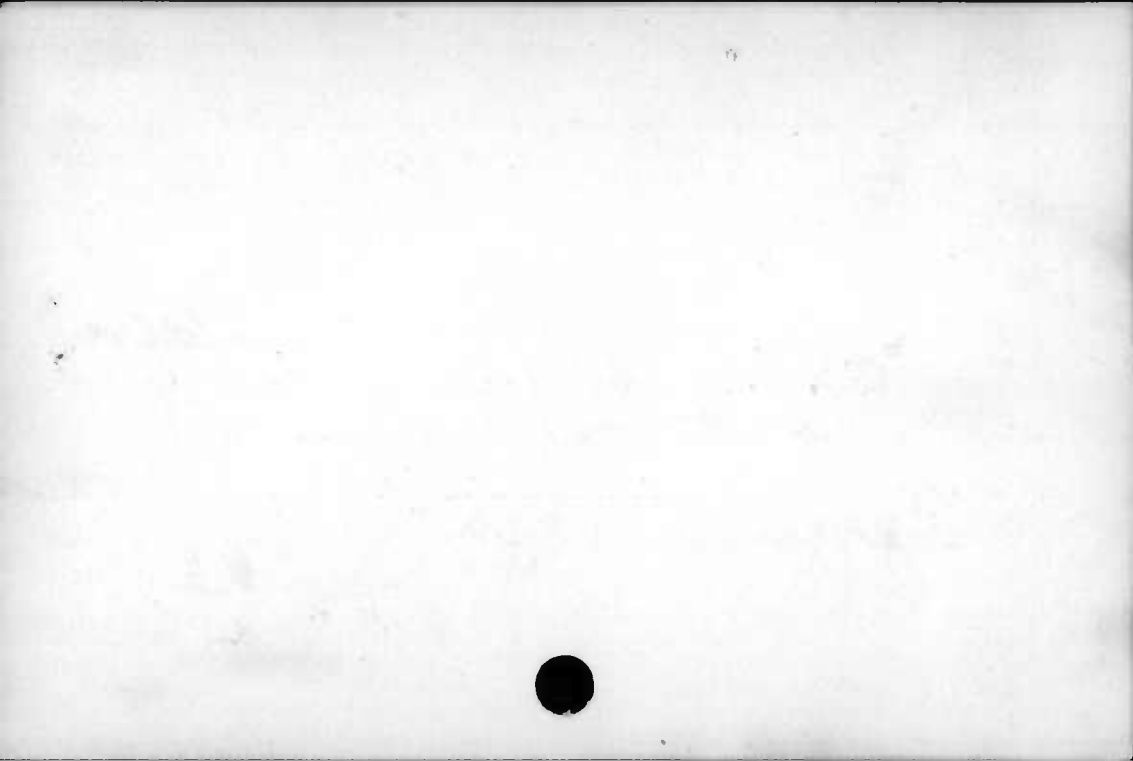
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Still born Infant Ford.</i>		Town <i>Cheneyville</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Cheneyville</i>		Month <i>5</i>		Day <i>5</i>		Age <i>Years</i>	
Date of death <i>1905</i>		Month <i>5</i>		Day <i>5</i>		Months <i>Days</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Cheneyville</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Samuel Ford</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Belle Harrison</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Belle Watkins</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Brayshaw</i>	
		Address <i>J. L. Brayshaw</i>	
Accident or Suicide?			



Name
in
Full4
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

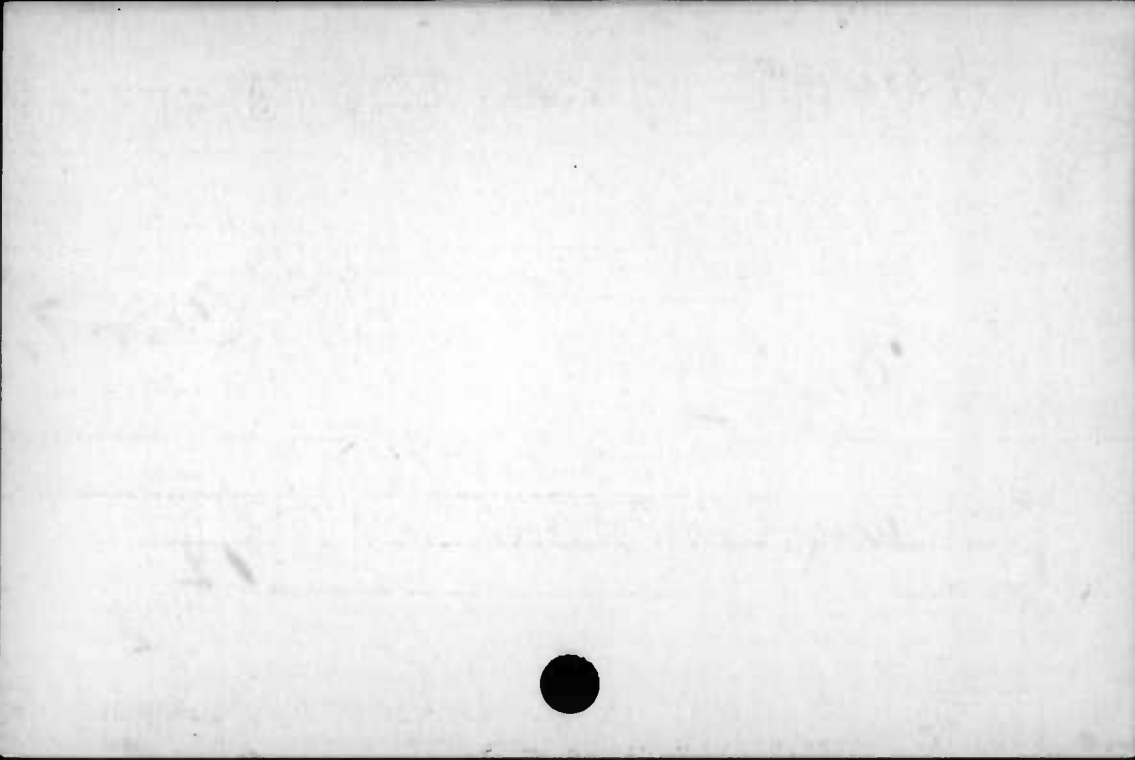
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		May	19	Age	14		
Sex	Female	Color or Race	White		Birth-place	Baltimore	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary	Laryngitis acute	How long	3 days
Immediate	Complication of Bronchitis	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		P. P. Moore	
Address		Baltimore	
Accident or Suicide?		Baltimore MD	



Name
in
Full

John W. Grierson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Chaneyville*

Town

Calvert

County

MARYLAND

Date
of death *1908*

Month

May

Day

17

Age

Years

49

Months

1

Days

*10*Sex *Male*Color or
Race*White*Birth-
place*Calvert Co*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Serena Grierson*Father's
Name*W. J. Grierson*Father's
Birthplace*Calvert Co*Mother's
Maiden Name*Mary E. Skinner*Mother's
Birthplace*" "*Name of person giving
Information*Wesley Grierson*How related
to deceased*Son-in-law*

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

20 Days

Immediate

Heart Failure

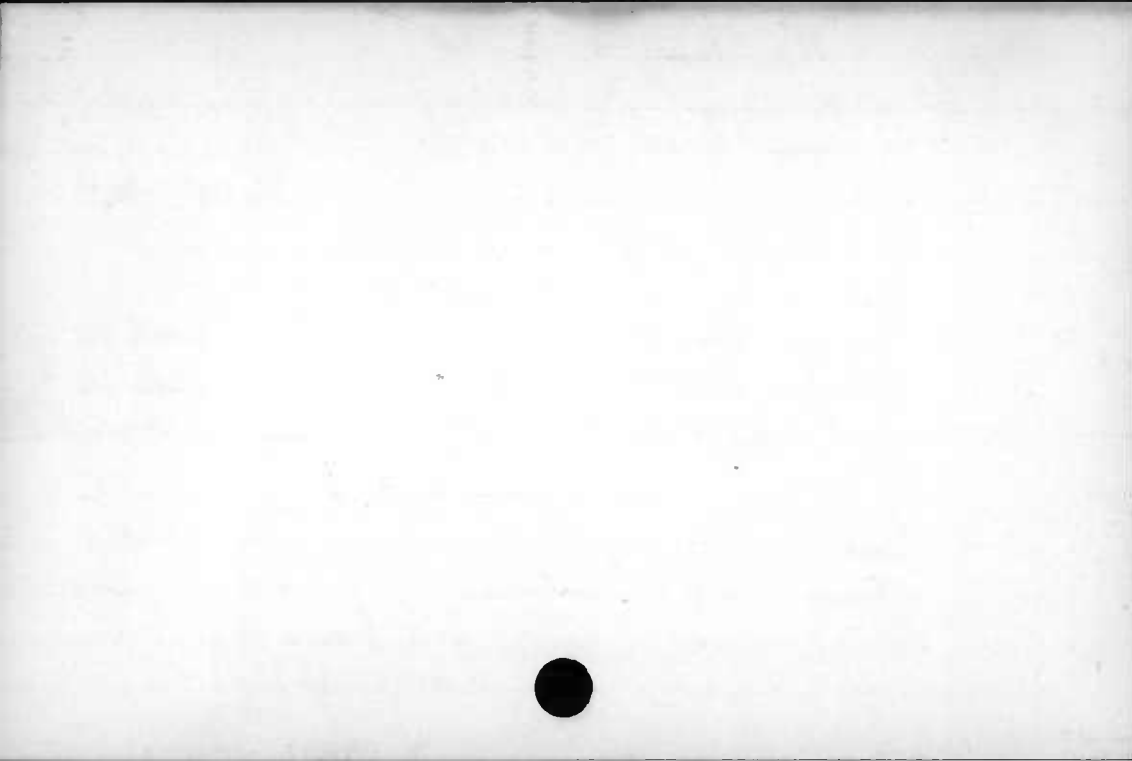
How long

*Instantly*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. N. Nimmaw,*

Address

*Lower Marlboro,
Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

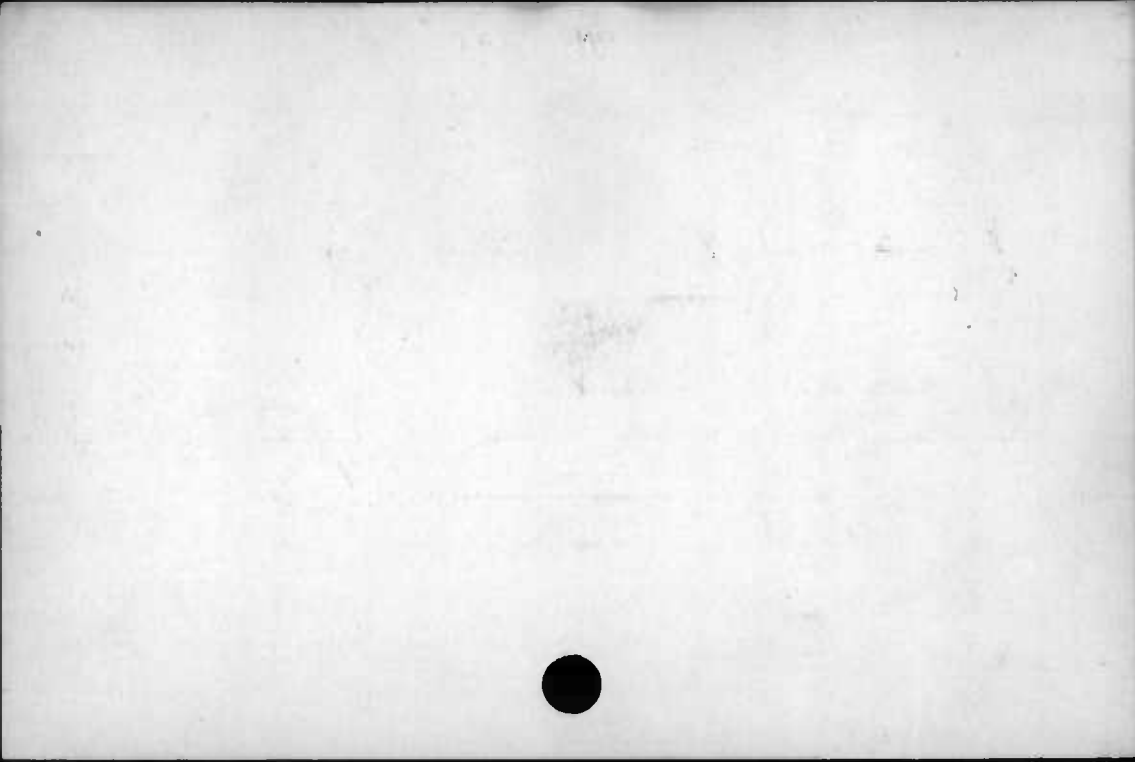
Name in Full <i>Mary Hardesty</i>		Town <i>Harmony</i>		County <i>Calvert</i>	
Died at <i>Harmony</i>					
Date of death <i>1908</i>	Month <i>May</i>	Day <i>13</i>	Age <i>73</i>	Years <i>73</i>	Months <i></i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Hardesty</i>			
Father's Name <i>Perry Mc Dowel</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Elizabeth Brady</i>		Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Charles Hardesty</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Esteritis</i>	How long <i>Two weeks</i>
Immediate <i>Heart Exhaustion</i>	How long <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Shelburne, Ind. 48

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>28 Day 3</u> ^{Town} <u>Blount</u> ^{County} <u>Calvert</u> <u>MARYLAND</u>	
Date of death <u>1908</u> ^{Month} <u>May</u> ^{Day} <u>31</u> ^{Age} <u> </u> ^{Years} <u> </u> ^{Months} <u> </u> ^{Days} <u> </u>	
Sex <u>Female</u> ^{Color or Race} <u>Colored</u> ^{Birth-place} <u>Blount</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>
Father's Name <u>Mr. Harrod</u>	Father's Birthplace <u>Calvert Co</u>
Mother's Maiden Name <u>Elizabeth Gross</u>	Mother's Birthplace <u>Calvert Co</u>
Name of person giving information <u>Mr. Harrod</u>	How related to deceased <u>Sister</u>

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Olivia Kent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shuntington</i> ^{Town} <i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>22</i>	Age <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cal. Geo.</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Wesley Kent</i>	Father's Birthplace <i>Cal. Geo.</i>		
Mother's Maiden Name <i>Agness Freeman</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wesley Kent</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Infantile Paralysis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Fitch</i>
	Address <i>Shuntington Md.</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

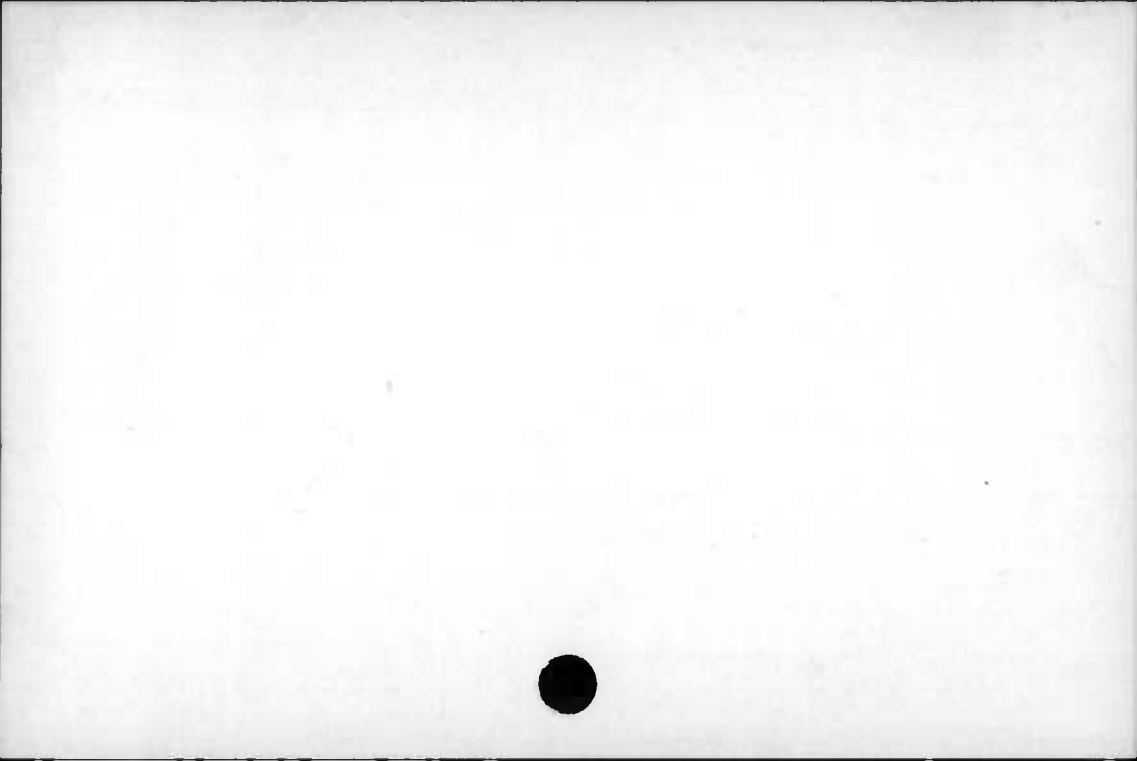
Died at		Town		County		State	
Chaneyville		Calvert		Calvert		Maryland	
Date of death	1908	Month	May	Day	25	Age	75
						Months	9
						Days	
Sex	male		Color or Race	white		Birth-place	Calvert Co
Occupation	farmer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
			Mary Lane				
Father's Name	Thomas Lane					Father's Birthplace	Cal. Co
Mother's Maiden Name	Rebecca Hardesty					Mother's Birthplace	" "
Name of person giving information	Mary Lane					How related to deceased	wife

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	Muscular Rheumatism	How long	5 months
Immediate	Pharyngeal Paralysis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Humeau
		Address	Lower Marlboro Cal. Co Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

A. Somerset Leathering
Corr Rd *Calvert*

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

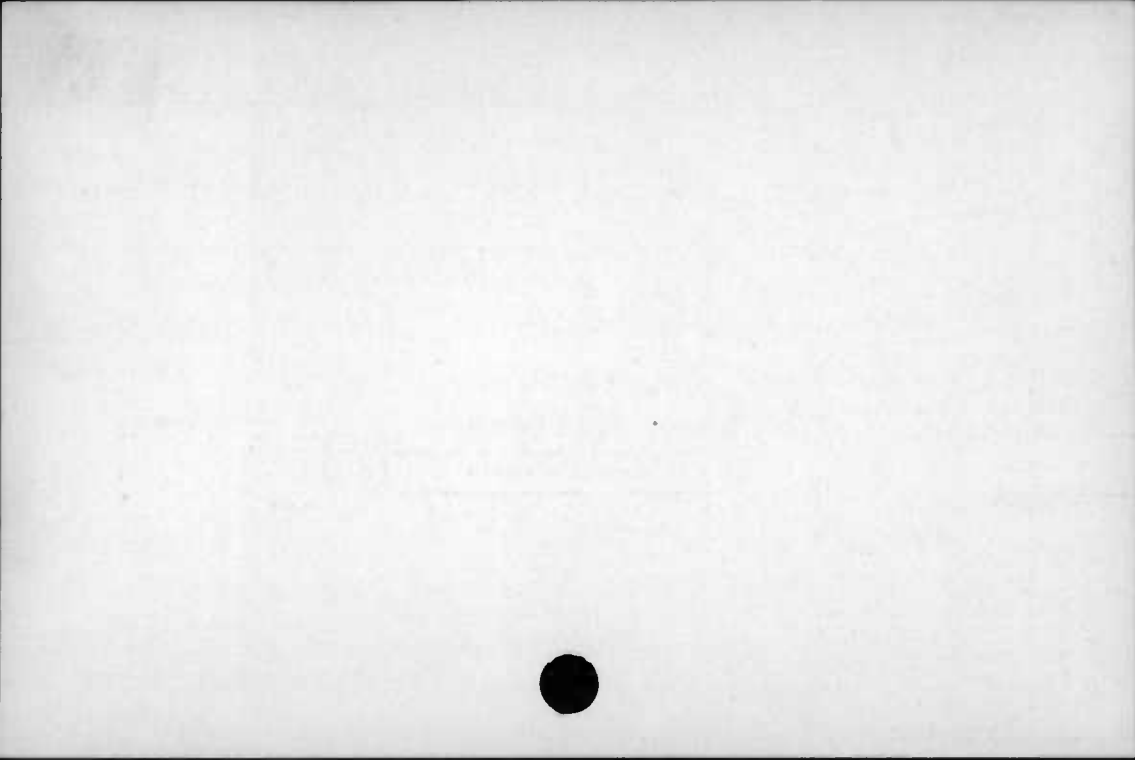
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature
Physician

Address

Amputation Certificate



Name
in
Full

Elizabeth Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Huntingtown* TownCounty *Calvert*

MARYLAND

Date
of death *1908 May* Month

Day

9

Years

Age

52

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Cal. les.*

Occupation

*Wife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Anthony Lyons*Father's
Name*Wm. J. Leitch*Father's
Birthplace*Cal. les.*Mother's
Maiden Name*Elizabeth Lyons*Mother's
Birthplace*" "*Name of person giving
information*Anthony Lyons Jr.*How related
to deceased*Son*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Gastro Intestinal Catarrh

How long

2 yrs

Immediate

Anemia

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. W. Leitch*

Address

*Huntingtown,**md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Fielder Lyons

TO BE ANSWERED BY
NEAREST FRIEND

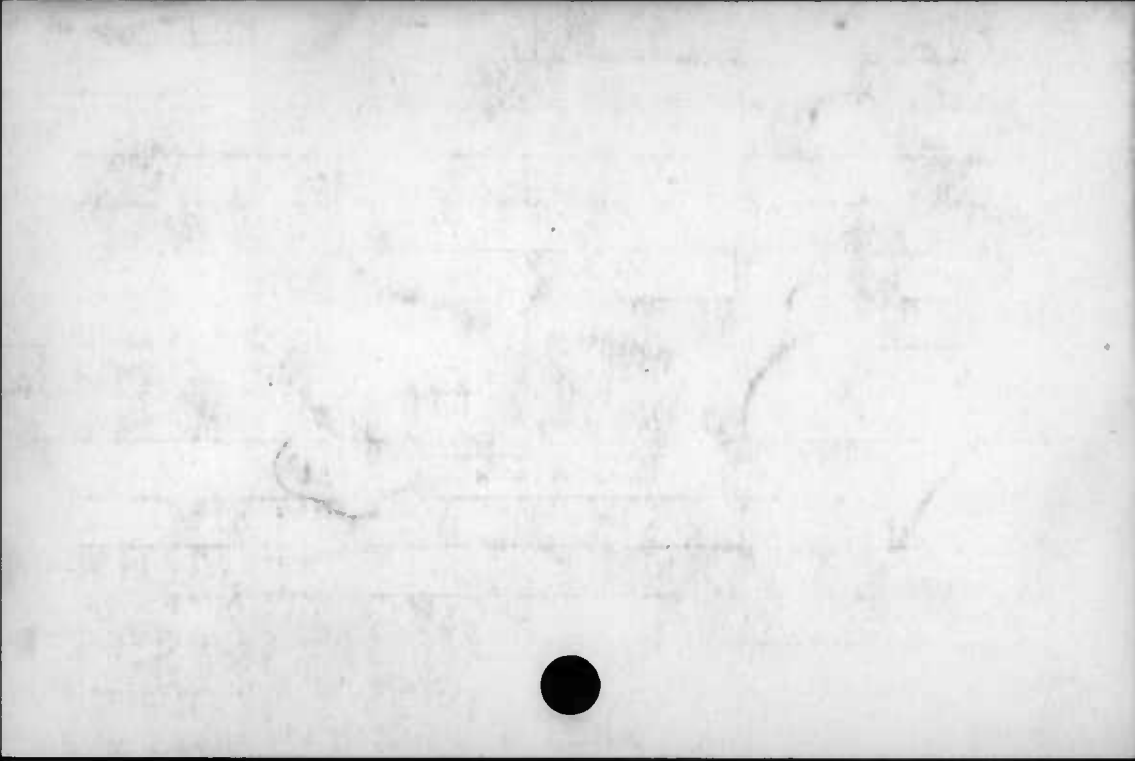
Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		1908	Month May	Day 28	Age 36	Months	Days
Sex Male		Color or Race White		Birth- place Calvert Co., Md.			
Occupation Motorman		Where Residing if not at place of death Philadelphia, Pa.					
Married, Single or Widowed Married		Name of Wife or Husband Lula Arminger					
Father's Name James Lyons		Father's Birthplace Calvert Co., Md.					
Mother's Maiden Name Laura Norfolk		Mother's Birthplace Calvert Co., Md.					
Name of person giving information G. W. Horne		How related to deceased Cousin					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Dysic Obstruction from tumor		How long	8 mos.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Mr. P. M. Chaney
			Address	Chaney, Md.
Accident or Suicide?				



Name
in
Full

Patrick Monett

2

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mutual</u> <small>Town</small>		<u>Calvert Co</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>May</u> <small>Day</small> <u>7</u>		Age <u>85</u> <small>Years</small>		<u> </u> <small>Months</small> <u> </u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Calvert Co Md</u>	
Occupation <u>Upholsterer</u>		Where Residing if not at place of death <u>Marbletown Md</u>			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Mary Johnson</u>			
Father's Name <u>Do not know</u>		Father's Birthplace <u> </u>			
Mother's Maiden Name <u>Henrietta Monett</u>		Mother's Birthplace <u>Calvert Co Md</u>			
Name of person giving information <u>Ally Monett</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Senile Debility -</u>	How long <u>1 year</u>
Immediate <u>Lung</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. [unclear]</u>
	Address <u>Long Point</u>
Accident or Suicide?	<u> </u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

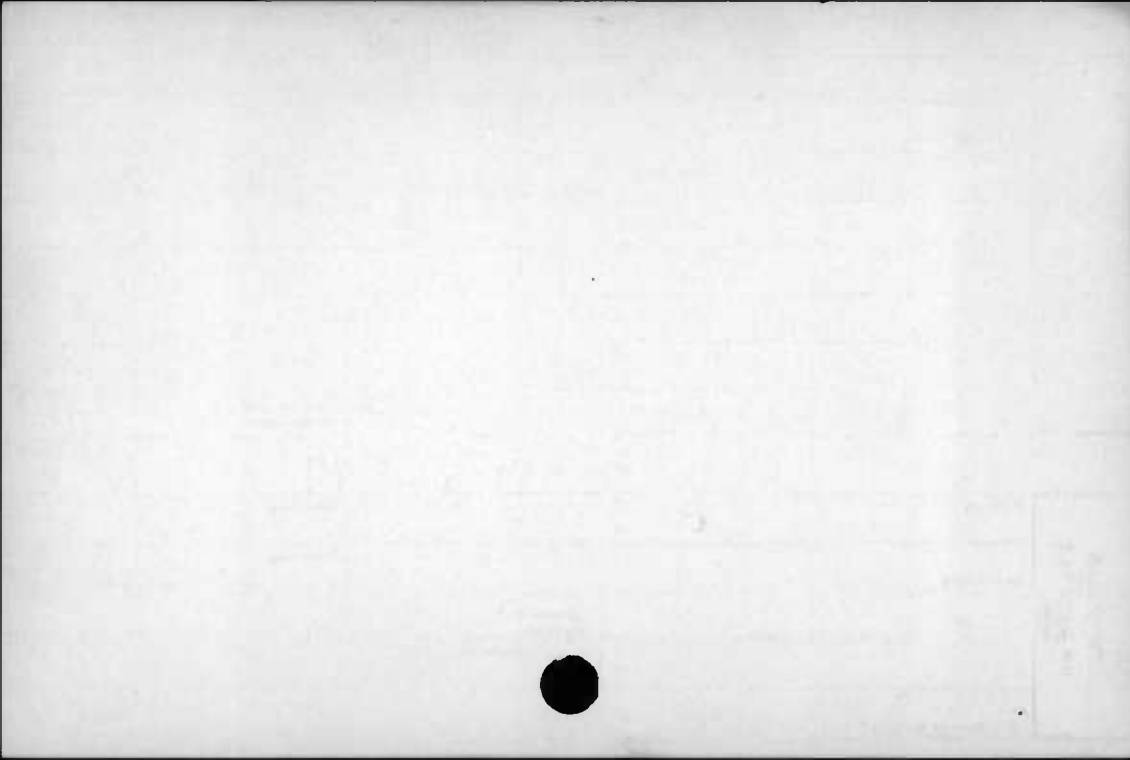
Died at		Town <i>Prince George's</i>		County <i>Prince George's</i>		MARYLAND	
Date of death	1908	Month <i>May</i>	Day <i>28</i>	Age	Years	Months	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Leahurst, Mo.</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Francis Barven</i>			Father's Birthplace <i>Leahurst</i>				
Mother's Maiden Name <i>Sadie Rawlings</i>			Mother's Birthplace <i>Leahurst, Mo.</i>				
Name of person giving information <i>George Purvey</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long
Immediate	<i>unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. N. King M.D.</i>
		Address <i>Barstow, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

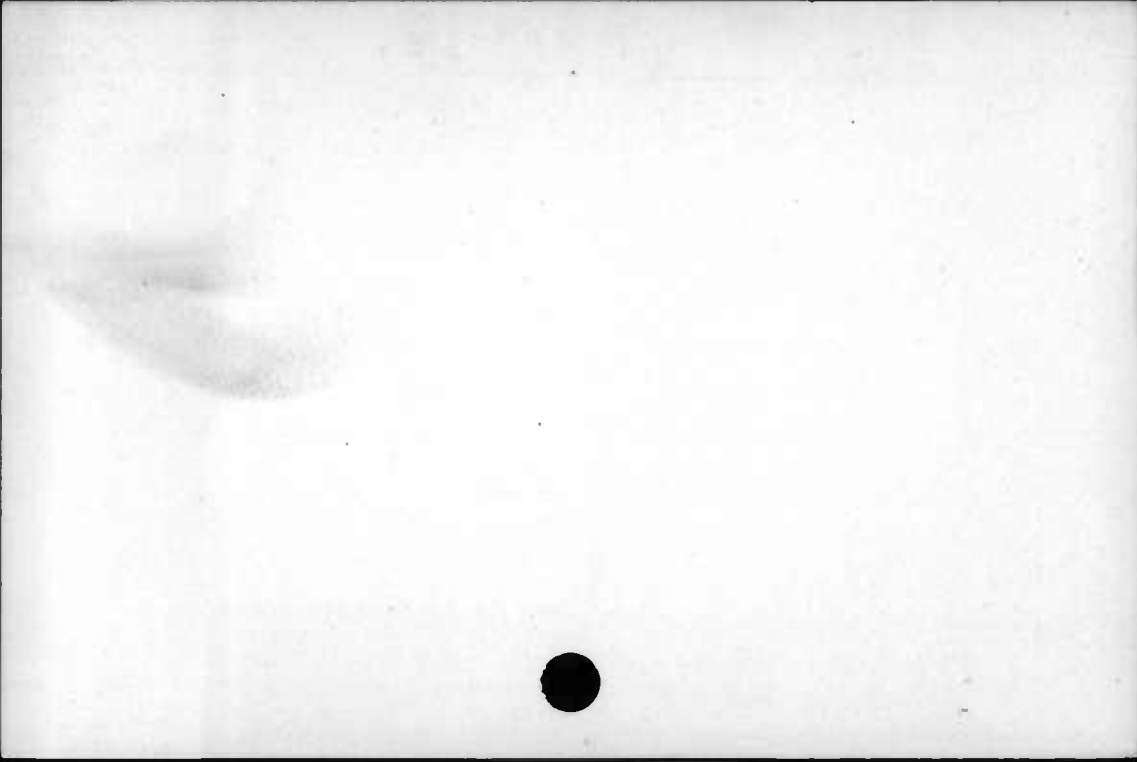
Died at		Town <i>Mt Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>9</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mt Harmony</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>" "</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Dennis Reed</i>	Father's Birthplace <i>Calvert Co</i>						
Mother's Maiden Name <i>Cristiana Thomas</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Dennis Reed</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>Six Months</i>
Immediate <i>Heart failure</i>	How long <i>24 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm H Ward</i>
	Address <i>Mt Harmony Md</i>
Accident or Suicide?	



Name
in
Full

Christianna Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>10</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Calvert Co.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Smith</i>					
Father's Name <i>William Gross</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Mary Gross</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>John Brooks</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Dis. of Heart</i>	How long	<i>3 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>E. H. Ninnian M.D.</i>	
Address		<i>Lo. Marlboro</i>	
Accident or Suicide?		<i>no</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oliver</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>May</i> ^{Day}	<i>26</i> ^{Age}	<i>—</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Calvert Co md</i>
Occupation	<i>Woman</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Samuel E Ward</i>			Father's Birthplace	<i>Calvert Co md</i>
Mother's Maiden Name	<i>Hattie E Brown</i>			Mother's Birthplace	<i>Calvert Co md</i>
Name of person giving information	<i>Samuel E Ward</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G F Chambers</i>
		Address	<i>Suburban Bldg Lusk, Calvert Co md</i>
Accident? <i>—</i>			

